MAXIMUS Federal Services

Case Number:	CM14-0107326		
Date Assigned:	08/01/2014	Date of Injury:	11/08/1986
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who sustained injuries to her low back on 11/08/85. Mechanism of injury was not described. She was noted to have a failed back surgery syndrome. Her pain levels were reported to be 10/10 without medications and 5/10 with. Her quality of sleep was poor an her activity level remained the same. The injured worker underwent multiple interventional procedures including a left S1 transforaminal epidural steroid injection. On 08/18/03, she underwent administration of botulinum toxin type A. On 12/02/04 she underwent bilateral rhomboid trigger point injections. Bilateral sacroiliac joint injections and caudal epidural steroid injections on 06/25/08 and more recently on 01/05/11. Most recent physical examination dated 06/19/14 indicated that she was well groomed well-nourished and well developed. She appeared anxious and fatigued and in mild pain. She showed no evidence of intoxication or withdrawal. She had a slow stooped gait and was assisted by cane. She had increased lumbar kyphosis. Lumbar range of motion was reduced. She had tenderness to palpation of paravertebral muscles left greater than right. Facet loading was positive on the left. Straight leg raise was negative. Patellar and ankle jerks were absent bilaterally. Motor strength was 4/5 on the right EHL and 3/5 on the left. Ankle dorsiflexions were graded 4/5 on the left the remainder was 5/5. Straight leg raise was positive on the left. CURES was appropriate. The record contained a utilization review determination dated 07/09/14 where the request for Carisoprodol 350mg #56, Lunesta 3mg #25, oxycontin 80mg #252, and Norco 10 325 #84 were not supported as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Carisoprodol 350mg #56: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page 29 Page(s): 29.

Decision rationale: The injured worker is chronically maintained on Soma. Per California Medical Treatment Utilization Schedule chronic use of opiates or the chronic use of muscle relaxants to treat pain is not supported. California Medical Treatment Utilization Schedule does not support the use of Soma due to its highly addictive properties and potential for abuse. The request for Carisoprodol 350mg #56 is not medically necessary.

Oxycontin 80mg #252: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, 74-80 Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has a failed back surgery syndrome it is noted that she receives approximately 50% relief with her current medication profile. However per review of the records it would appear that the injured worker has not undergone routine or random urine drug screens to assess compliance in the past several years. As such she would not meet criteria for continued use. The record further does not contain substantive data establishing the efficacy of this medication. As such the continued use would not be supported as medically necessary. The request for Oxycontin 80mg #252 is not medically necessary.

Lunesta 3mg #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Sleep Aids.

Decision rationale: The available clinical records indicate that the injured worker has a failed back surgery syndrome with sleep disturbance. Per the Official Disability Guidelines sleep aids should only be utilized until the normalization of sleep and then discontinued. The record does not provide any substantive information establishing that the injured worker receives functional benefit from this medication. The request for Lunesta 3mg #25 is not medically necessary.

Norco 10/325 #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, pages 74-80 Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has a failed back surgery syndrome it is noted that she receives approximately 50% relief with her current medication profile. However per review of the records it would appear that the injured worker has not undergone routine or random urine drug screens to assess compliance in the past several years. As such she would not meet criteria for continued use. The record further does not contain substantive data establishing the efficacy of this medication. The request for Norco 10/325 mg # 84 is not medically necessary.